Ne

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE



NAME	Aristotle	Unified Communications LLC	
3	(Here show in full the ex	kact corporate, firm or individual name of the respondent)	
LOCATED AT	401 W. Capitol	Ave, Ste 700, Little Rock, AR 72201	
(Here gi	ve the location, including street	et and number of the respondent's main business office within the St	tate
COMPANY#		3076	
V====	(Here giv	ve the APSC-assigned company number)	_

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2016

LETTER OF TRANSMITTAL

To:

Arkansas Public Service Commission

Post Office Box 400 Little Rock, Arkansas 72203-0400	
Submitted herewith is the annual report covering the operation of Aristotle Unified Commun (Company)	
of V. Capitol Ave, Ste 700, Little Rock, AR 7 for the year ending December 31, 2016. This report	ort is submitted in
accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas. The following report has been carefully examined by me, and I have executed the verification	given below.
L. E. Brules (Signature)	
(Signature)	
President (Title)	
VERIFICATION	
OTATE OF ARKANDAD A	
STATE OF ARKANSAS) ss.	
COUNTY OF PULASKI)	
I, the undersigned, L. Elizabeth Bowles, President (Name and Title)	of the
Aristotle Unified Communications LLC , on my oath do say that the following report has	
been prepared under my direction from the original books, papers, and records of said utility: carefully examined the same, and declare the same a complete and correct statement of the affairs of said utility in respect to each and every matter and thing set forth, to the best of my kinformation, and belief; and I further say that no deductions were made before stating the groand that accounts and figures contained in the foregoing statements embrace all of the financitransactions for the period in this report.	business and nowledge, ss revenues,
L. E. Brules (Signature)	
Subscribed and sworn to before me this 17th day of February, 2017 My Commission Expires A-27-2025 ROBERT H. LINDSTROM NOTARY PUBLIC PULASKI COUNTY, ARKANSAS COMM. EXP. 09-27-2025 COMMISSION NO. 12692190 (Signature of Notary)	?

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1	Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2	The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3	If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4	Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5	Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6	This report will be scanned in. Please bind with clips only.
7	Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8	In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
9	Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
10	Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
11	Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:				
Name Jill Schumacher	Title Business Strategist			
Address 401 W. Capitol Ave, Suite 700, Little	e Rock,AR 72201			
Telephone Number (501) 374-4638				
E-Mail jschumacher@aristotle.net				
Give the name, address, telephone number a	nd e-mail address of the resident agent:			
Name L. Elizabeth Bowles	Telephone Number (501) 374-4638			
Address 401 W. Capitol Ave, Suite 700, Little	e Rock,AR 72201			
E-Mail ebowles@aristotle.net				

IDENTITY OF RESPONDENT

1. Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:

Aristotle Unified Communications LLC

2.	Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:				
	(a) 401 W. Capitol Ave, Suite 700, Little Rock, AR 72201(b) N/A				
3.	Indicate by an \mathbf{x} in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.				
	(a) () Electric, () Gas, () Water, (X) Telephone, (X) Other				
	(b) () Proprietorship, () Partnership, () Joint Stock Association, (X) Corporation, () Other (describe below):				
4.	If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.				
	(a)				
	(b)				
5.	If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:				
	(a) Arkansas				
	(b) March 31, 2010				
	(c) Act 865 of 2007				
6.	State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:				

Aristotle Telecomm LLC was the name of this business until 10/29/2015 when Arkansas Public Service Commission accepted the name change request.

7.	for e	te whether respondent is a consolidated or merged company. If so, (a) give date and authority each consolidation or merger, (b) name all constituent and merged companies, and (c) give like iculars as required of the respondent in inquiry No. 5 above:	
	(a)		
	(b)		
	(c)		
8.	(b) the	te whether respondent is a reorganized company. If so, give (a) name of original corporation, date of reorganization, (c) reference to the laws under which it was reorganized and (d) state occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, ng full particulars. Aristotle Unified Communications LLC is not a reorganized company.	
	(b)		
	(c)		
	(d)		
9.		s respondent subject to a receivership or other trust at any time during the year? o, state:	No
	(a)	Name of receiver or trustee:	
	(b)	Name of beneficiary or beneficiaries for whom trust was maintained:	
	(c)	Purpose of the trust:	
	(d)	Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) (2)	
10.		the respondent act in any of the capacities listed in Paragraph (a) below during the year? No If so,	
	(a)	Indicate the applicable one by an X in the proper space:	
		 () Guarantor, () Surety, () Principalobligor to a guaranty contract. 	
	. ,	Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.	

GROSS ASSESSABLE REVENUES		
Description	Amount	
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$11,172	

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	
Business	20
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	20
PBX Access Lines	
Coin or Credit Card Paystation Access Lines	
Company Official Access Lines (Numbers)	
TOTAL ACCESS LINES	20

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term	
Name of Director	Office Address	Beginning	End
Elizabeth Bowles*	401 W. Capitol Ave, Suite 700, Little Rock, AR 72201	3/31/10	Present

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
President	L Elizabeth Bowles	401 W. Capitol Ave, Suite 700, Little Rock, AR
000	Terry D Norris	401 W. Capitol Ave, Suite 700, Little Rock, AR
CFO	Robert H Lindstrom	401 W. Capitol Ave, Suite 700, Little Rock, AR

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

President/General Manager

COMPANY CONTACTS

Company Information			
Company Name	Aristotle Unified Communications LLC		
dba	Aristotle Digital Voice		
Official Mailing Address	401 West Capitol Ave., Ste 700 L Rock, AR 72201	ittle	
Mailing Address for APSC Annual Assessment Invoice	401 West Capitol Ave., Ste 700 L Rock, AR 72201	.ittle	

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MAIL
Annual Report	L. Elizabeth Bowles	501-374-4638	501-376-1377	ebowles@aristotle.net
APSC Annual Assessment	L. Elizabeth Bowles	501-374-4638	501-376-1377	ebowles@aristotle.net
Tariffs	Terry D. Norris	501-374-4638	501-376-1377	tdnorris@aristotle.net
Property Taxes	Terry D. Norris	501-374-4638	501-376-1377	tdnorris@aristotle.net
Regulatory Affairs	Jill Schumacher	501-374-4638	501-376-1377	ischumacher@aristotle.net

Please list the number of utility employees located in Arkansas	7